

1916

THIS IS A Permanent Record.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar 5 days after birth.

PLACE OF BIRTH		ARIZONA TERRITORIAL BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS.		ORIGINAL CERTIFICATE OF BIRTH.	
County of <u>Yuma</u>	District of <u>Globe</u>	Register No. <u>1051</u>	Ter. Index No. <u>158</u>
Town of <u>Globe</u>	City of <u>Globe</u>	St.; <u></u>	Ward) <u></u>
FULL NAME OF CHILD <u>Robert Alexander Schell</u>		Born <u>Yes</u> Alive <u>No</u>	
If child is not named, make Supplemental report on blank obtainable from local registrar.			
Sex of Child <u>Male</u>	Twin, Triplet or other <u></u>	and Number in order of birth <u>1</u>	Legitimate? <u>yes</u>
Date of Birth <u>Dec 20</u>		19 <u>09</u>	
(Month) (Day) (Year)			
FATHER		MOTHER	
Full Name <u>Hardy Edward Schell</u>		Full Name <u>Mary Blake</u>	
Residence <u>Wheelfield</u>		Residence <u>Wheelfield</u>	
Color <u>White</u>		Color or Race <u>White</u>	
Age at last Birthday <u>32</u>		Age at last Birthday <u>27</u>	
(Years)		(Years)	
Birthplace <u>Globe Ariz</u>		Birthplace <u>Globe</u>	
Occupation <u>Farmer</u>		Occupation <u>Housewife</u>	
Number of children of this mother <u>3</u>		Number of children, of this mother, now living <u>3</u>	
Were precautions taken against Ophthalmia neonatorum <u>Yes</u>			
RECEIVED FEB 11 1910			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Dec 20</u> , 19 <u>09</u> , at <u>11⁰⁰</u> M			
*When there is no attending physician or midwife, then the householder must make this return.			
Given or christian name added from a supplemental report <u>19</u>		Address <u>Globe</u>	
Filed <u>Jan 11</u> 1910		Address <u>Globe</u>	
723-1230-425		B. G. GAY M.D.	
COUNTY REGISTRAR		COUNTY REGISTRAR	